

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/09/94
O.I.P.E. CLASSIFIER		5	11-16-99
FORMALITY REVIEW	<i>[Signature]</i>	71628	11-18-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	11/29/93
2	✓	✓	9/5/04
3	✓	✓	
4	✓	✓	
5	0	✓	
6	0	✓	
7	✓	✓	
8	0	✓	
9	✓	✓	
10	0	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	0	✓	
17	✓	✓	
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27	✓	✓	
28	0	✓	
29	0	✓	
30	0	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	11/5/04
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY